

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<i>Rev</i>	<i>TZ</i>	<i>947</i>	<i>04/09/02</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			<i>10-26-01</i>
FORMALITY REVIEW	<i>mal</i>	<i>1145</i>	<i>11/01/01</i>
RESPONSE FORMALITY REVIEW	<i>gm</i>	<i>927</i>	<i>01/18/02</i>
	<i>7A</i>	<i>1113</i>	<i>03-15-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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720 720 (1116) 868-3535 04/09/02 1-22-02